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TOBACCO ADDICTION AND THE ISLAMIC VERDICT

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ABSTRACT

Tobacco used through cigarette smoking, pipes or chewing is the most widespread example of drug dependence in worldwide and it is epidemic in Islamic countries including Kashmir. Tobacco use is a serious public health challenge globally. It has assumed the dimension of a pandemic resulting in enormous disability, disease and death. Tobacco is a major risk factor of numerous adult chronic non-communicable diseases. Researchers in medical field had showed that tobacco use especially cigarette smoking is a major factor in the development of many cases of Cancers, heart diseases, chronic lung and respiratory diseases and other ailments. Smoking causes more illness and death than all other drugs. Cigarette smoking in pregnant women results in deleterious health effects on their new born. If the similar trend continues an epidemic of non-communicable diseases is inevitable. Adolescent tobacco use is a complex behaviour, factors like, social bonding, social learning, lacking refusal skills, risk-taking attitudes and intentions have been highlighted as reasons for the onset of tobacco use in studies in different countries. In Kashmir too, tobacco consumption in multiple forms presents an emerging, significant and growing threat to the health of the people. This study was taken to provide awareness about tobacco hazards and Islamic prohibition to the masses. The aim of this paper is to review evidences from the Qur'ân, Sunnah and Ijtihad to support the prohibition of tobacco use in Islam. The findings from the review showed that the Holy Qur'an and Sunnah clearly prohibit the use of tobacco by the Muslims. Hence smoking and all other form of tobacco use are prohibited (*Harām*) in Islam.

KEYWORDS: Tobacco, Smoking, Health, Prohibited (*Harām*), Islam.

INTRODUCTION:
Tobacco use is a major preventable cause of premature death and disease, currently leading to over five million deaths each year worldwide which is expected to rise to over eight million deaths yearly by 2030 (WHO 2008). The vast majority of these deaths are projected to occur in developing countries, including India. Nearly 8–9 lakh people die every year in India due to diseases related to tobacco use (Reddy and Gupta 2004). Majority of the cardiovascular diseases, cancers and chronic lung diseases are directly attributable to tobacco consumption. Almost 40 percent of tuberculosis deaths in the country are associated with smoking (Gajalakshmi et al., 2003).

Globally, cigarette smoking is the dominant form of tobacco use. In the Indian context, tobacco use implies a varied range of chewing and smoking forms of tobacco available at different price points, reflecting the varying socio-economic and demographic patterns of consumption (John 2010). Tobacco is consumed in a variety of, both smoking and smokeless forms, e.g. bidi, gutkha, *khaini*, paan masala, hookah, cigarettes, cigars, chillum, *chutta, gul, mawa, misri,* etc.

Tobacco consumption:
Around 0.25% of India's cultivated land is used for tobacco production (FAO UN 2003). Tobacco is the most widely smuggled legal product (Tobacco Underground 2012). In spite of the extensive clinical and research data available on tobacco hazards, the efforts to control its use have been scanty. There is an urgent need to face this challenge and curb the tobacco use. This is especially important among the youth who are more likely to start the habit in their formative years and are also likely to quite the habit in time before the diseases afflict them. According to WHO (2009), consumption of tobacco has been growing at the rate of 2% to 5% per annum.

Smoking is a dangerous epidemic and a destructive adversity that catches many people in its trap. Many of them have live hearts and strong Islamic emotions, yet they are afflicted with smoking, and they do not deny its harm, its effects and its prohibition; they hope to give it up, and strive to get rid of it. Such people have a right upon their brothers to help them and take their hands to the shore of safety.

Passive smoking is usually involuntary consumption of smoked tobacco. Second-hand smoke (SHS) is the consumption where the burning end is present, environmental tobacco smoke (ETS) or third-hand smoke is the consumption of the smoke that remains after the burning end has been extinguished. Because of its perceived negative implications, this form of consumption has played a central role in the regulation of tobacco products.

Smokeless tobacco:
In using chewing tobacco, the consumer usually deposits the tobacco between the cheek and teeth and lightly macerates and sucks the tobacco to allow its juices to flow. Thus when chewing, it is common to spit and discard excess saliva caused by the release of juices from the tobacco, justifying the existence of the spittoon or cuspidor.

Loose leaf chewing tobacco, also known as scrap, is perhaps the most common contemporary form of chewing tobacco. It consists of cut or shredded strips of tobacco leaf, and is usually sold in sealed pouches or bags lined with foil. Often sweetened, loose leaf chew may have a tacky texture. Though there are also unflavoured or natural loose leaf chews. However, these are far less common.

PREVALENCE:
Prevalence of tobacco tobacco consumption in the world:
A fifth (1.2 billion) of the world's population is Muslim and this proportion is expected to rise to 30% by 2025. This would then make Islam the world's largest faith. The Organization of the Islamic Conference (OIC), an inter-governmental organization of countries with large Muslim populations, has 57 members (OIC 2007). Tobacco control legislation in most Muslim countries is still at a rudimentary stage, with limited restrictions on smoking in public places and advertising being the most common (Ghouri 2006).

Tobacco use is the single greatest cause of preventable death globally (WHO 2008). As many as half of people who use tobacco die from the results of this use. In the 20th century tobacco is estimated to have caused 100 million deaths (Tobacco Fact Sheet 2014). Similarly, the United States Centres for Disease Control and Prevention describes tobacco use as "the single most important preventable risk to human health in developed countries and an important cause of premature death worldwide."

Smoking is generally five times higher among men than women; however, the gender gap declines with younger age (WHO and Johns Hopkins School of Public Health 2001 and Surgeon General's Report 2001). In developed countries smoking rates for men have peaked and have begun to decline, and also started to stall or decline for women (Peto Richard et., 2006).

Smoking prevalence has changed little since the mid-1990s, before which time it declined in English-speaking countries due to the implementation of tobacco control. However, the number of smokers worldwide has increased from 721 million in 1980 to 967 million in 2012 and the number of cigarettes smoked increased from 4.96 trillion to 6.25 trillion because of population growth (Marie 2014).

In western countries, smoking is more prevalent among populations with mental health problems, with alcohol and drug problems, among criminals, and among the homeless (Robert and Saul 2007).

As of 2002, about twenty percent of young teens (13–15) smoke worldwide. 80,000 to 100,000 children begin smoking every day. Half of those who begin smoking in adolescent years are projected to go on to smoke for 15 to 20 years (WHO/WPRO-Smoking Statistics 2009).

The WHO in 2004 projected 58.8 million deaths to occur globally, from which 5.4 million are tobacco-attributed, and 4.9 million as of 2007. As of 2002, 70% of the deaths are in developing countries. It is predicted that 1.5 to 1.9 billion people

will be smokers in 2025 (WHO/WPRO-Tobacco Fact Sheet 2007).

Tobacco control is a global health priority. The WHO Framework Convention on Tobacco Control, which entered into force in 2005, formalised global commitment (WHO 2003). WHO estimates that about 6 million people worldwide die each year from causes attributed to smoking, with most of these deaths occurring in low-income and middle-income countries (WHO 2012).

Prevalence of tobacco consumption in India:

India is the second largest consumer of tobacco products and third largest producer of tobacco in the world. Global Adult Tobacco Survey (GATS) India revealed that more than one-third (35%) of adults in India use tobacco in some form or the other. Among them 21 percent adults use only smokeless tobacco, 9 percent only smoke and 5 percent smoke as well as use smokeless tobacco. Based on these, the estimated number of tobacco users in India is 274.9 million, with 163.7 million users of only smokeless tobacco, 68.9 million only smokers, and 42.3 million users of both smoking and smokeless tobacco. The prevalence of overall tobacco use among males is 48 percent and that among females is 20 percent. Nearly two in five (38%) adults in rural areas and one in four (25%) adults in urban areas use tobacco in some form. Prevalence of smoking among males is 24 percent whereas the prevalence among females is 3 percent. The extent of use of smokeless tobacco products among males (33%) is higher than among females (18%) (GATS 2010).

More than 75 percent of tobacco users, both smokers as well as users of smokeless tobacco are daily users of tobacco. In India, *khaini* or tobacco-lime mixture (12%) is the most commonly used smokeless tobacco product, followed by gutkha*,* a mixture of tobacco, lime and areca nut mixture (8%), betel quid with tobacco (6%) and applying tobacco as dentifrice (5%). The prevalence of each of the smokeless tobacco products, except dentifrice, is higher among males than females. Among smoking tobacco products, bidi (9%) is used most commonly followed by the cigarette (6%) and the hookah (1%) (GATS 2010).

Among both males and females, the prevalence of cigarette smoking is higher in urban areas but the prevalence of all other smoking products is higher in rural areas. The prevalence of each of the smokeless tobacco product is higher in rural than urban areas, however, gutkha is almost equally prevalent in both urban and rural areas (GATS 2010).

On an average a daily cigarette smoker in India smokes 6.2 cigarette sticks per day, and a daily bidi smoker smokes 11.6 bidi sticks per day. One-fourth of daily cigarette smokers smoke more than 10 cigarettes per day, and more than half of the daily bidi smokers smoke more than 10 bidi*s* per day (GATS 2010).

The mean age at initiation of daily tobacco use for tobacco user's age 20–34 years is 17.8 years. The mean age at initiation of smoking as well as use of smokeless tobacco among users of respective products age 20-34 years is 17.9 years. Two in every five daily tobacco users age 20–34 had started using tobacco daily before attaining the age of 18. The quit ratio for smoking (defined as former smokers among ever daily smokers) is 13 percent, while the quit ratio for use of smokeless tobacco use (defined as former users of smokeless tobacco among ever daily users of smokeless tobacco) is 5 percent. Three in five (60%) daily tobacco users use tobacco within 30 minutes of waking up in the morning (GATS 2010).

Global Adult Tobacco Survey (GATS) India shows that 52 percent of adults were exposed to second-hand smoke (SHS) at home. In rural areas 58 percent and in urban areas 39 percent were exposed to second-hand smoke (SHS) at home (GATS 2010).

On an average, a daily cigarette smoker incurred an expenditure of ₹399.20 per month on cigarettes and a daily bidi smoker ₹93.40 per month on bidis. Monthly expenditure on cigarettes in urban areas (₹469.00) is higher than in rural areas (₹347.50), but monthly expenditure on bidis in urban areas (₹92.50) is slightly lower than rural areas (₹98.00).

Prevalence of tobacco consumption in Kashmir:

Kashmir is a landlocked geographical entity located at a very high altitude, with a multi-ethnic Muslim majority population with unique cultural practices. It has been traditionally considered to be an endemic cancer zone with peculiar cancer profile (Rasool et al., 2012).

A common belief among tobacco users is that the smoke of a hookah [the traditional way in which tobacco is kept in an earthen pot (chillum) along with the burning coal and smoked through a water container with the help of a long pipe (*Jijeer*)] is significantly less dangerous than that from cigarettes (Jared 2009). The water moisture induced by the hookah makes the smoke less irritating and may give a false sense of security and reduce concerns about true health effects (Knishkowy and Amitai 2005). Doctors at institutions have stated that use of hookah can be as detrimental to a person's health as smoking cigarettes (Hurt 2010) and a study by the World Health Organization also confirmed these findings (Reuters 2007). Hookah smokers were nearly 6 times more likely to develop lung cancer as compared to healthy non-smokers in Kashmir (India) (Koul et al., 2011).

The exposure to second-hand smoke (SHS) is highest (68%) in Jammu & Kashmir than the national average (GATS 2010).

Robust data is not available which shows prevalence of impact on Muslim population of Kashmir due to tobacco consumption and highest level of evidence is needed in this regard.

EFFECTS OF TOBACCO CONSUMPTION:

Health effects of tobacco consumption:

Tobacco use leads most commonly to diseases affecting the heart, liver and lungs. Smoking is a major risk factor for heart attacks, strokes, coronary artery disease (CAD), chronic obstructive lung disease (COLD), chronic obstructive pulmonary disease (COPD) (including emphysema and chronic bronchitis), and cancer (particularly lung cancer, cancer of the oesophagus, cancers of the larynx and mouth, and pancreatic cancer). Studies have established a relationship between tobacco smoke, including second-hand smoke, and cervical cancer in women (Vineis et al., 2004). There is some evidence suggesting a small increased risk of myeloid leukaemia (Sasco et al., 2004), squamous cell Sino nasal cancer, liver cancer, colorectal cancer, cancers of the gallbladder, the adrenal gland, the small intestine, and various childhood cancers (Kuper et al., 2002). Tobacco smoke contains more than fifty chemicals that cause cancer (Tobacco Fact Sheet 2015).

In smoking, long term exposure to compounds found in the smoke (e.g., carbon monoxide and cyanide) are believed to be responsible for pulmonary damage and for loss of elasticity in the alveoli, leading to emphysema and COPD. Chronic obstructive pulmonary disease (COPD) caused by smoking, is a permanent, incurable (often terminal) reduction of pulmonary capacity characterised by shortness of breath, wheezing, persistent cough with sputum, and damage to the lungs, including emphysema and chronic bronchitis (Devereux 2006). The carcinogen acrolein and its derivatives also contribute to the chronic inflammation present in COPD (Facchinetti et al., 2007).

Smoking also increases the chance of heart disease, stroke, atherosclerosis, and peripheral vascular disease (Reena and John 2010). Several ingredients of tobacco lead to the narrowing of blood vessels, increasing the likelihood of a blockage, and thus a heart attack or stroke. According to a study by an international team of researchers, people under 40 are five times more likely to have a heart attack if they smoke (BBC 2004). Smoking so-called "light" cigarettes does not reduce the risk (National Cancer Institute 2014).

It also causes peripheral vascular disease and hypertension. The effects depend on the number of years that a person smokes and on how much the person smokes. Starting smoking earlier in life and smoking cigarettes higher in tar increases the risk of these diseases. Also, environmental tobacco smoke, or second-hand smoke, has been shown to cause adverse health effects in people of all ages (Vainio 1987). Tobacco use is a significant factor in miscarriages among pregnant smokers, and it contributes to a number of other health problems of the foetus such as premature birth, low birth weight, and increases by 1.4 to 3 times the chance of sudden infant death syndrome (SIDS) (Centre for Chronic Disease Prevention and Health Promotion 2006). It slightly increases the risk of neural tube defects (Wang 2014). Incidence of erectile dysfunction is approximately 85 percent higher in male smokers compared to non-smokers (Stanley 2004 and Peate 2005).

Inhalation of tobacco smoke causes several immediate responses within the heart and blood vessels. Within one minute the heart rate begins to rise, increasing by as much as 30 percent during the first 10 minutes of smoking. Carbon monoxide in tobacco smoke exerts negative effects by reducing the blood's ability to carry oxygen (Glantz and Parmley 1995). Recent research by American Biologists has shown that cigarette smoke also influences the process of cell division in the cardiac muscle and changes the heart's shape (InfoNIAC 2009).

Tobacco also contains nicotine, which is a highly addictive psychoactive drug. When tobacco is smoked, nicotine causes physical and psychological dependency. Addiction is a kind of disease that affects all the body, brain, behaviour, and personality of a person. Tolerance occurs in the body of an addict to the first dose of the drug and persuades one to increase the first dose to get the primary results of it, so frequently the person addicts the drug physically and physiologically. Cigarettes sold in underdeveloped countries tend to have higher tar content, and are less likely to be filtered, potentially increasing vulnerability to tobacco smoking related disease in these regions (Nichter et al., 1991). Smoking is responsible for a large and growing number of premature deaths in India.

The association of smoking with lung cancer is strongest, both in the public perception and etiologically. Among male smokers, the lifetime risk of developing lung cancer is 17.2%; among female smokers, the risk is 11.6%. This risk is significantly lower in non-smokers: 1.3% in men and 1.4% in women (Villeneuve and Mao 1994). In addition to increasing the risk of kidney cancer, smoking can also contribute to additional renal damage. Smokers are at a significantly increased risk for chronic kidney disease than non-smokers (Yacoub et al., 2010). A history of smoking encourages the progression of diabetic nephropathy (Sawicki et al., 1994).

Smoking increases the incidence of clinical tuberculosis (Gajalakshmi and Peto 2009) and is a cause of half of the male tuberculosis deaths in India (Gajalakshmi et al., 2003). Nearly half of cancers among males and one-fourth of cancers among females are tobacco related (ICMR 2009). In spite of the known association of major diseases with tobacco, its continued use is very bothersome for both the health professionals and the policy-planners alike (Yach and Betteher 2000). It is a major cause of health care and economic burden in India (Jindal et al., 2005). There is evidence to suggest that over 80 percent of chronic obstructive pulmonary disease (COPD) in India is attributable to tobacco smoking (Jindal et al.,2001).

Carbon monoxide, one of the major constituent of tobacco smoke, binds with haemoglobin (the oxygen-carrying component in red blood cells), resulting in a much stable complex than haemoglobin bound with oxygen or carbon dioxide-the result is permanent loss of blood cell functionality. Blood cells are naturally recycled after a certain period of time, allowing for the creation of new, functional erythrocytes. However, if carbon monoxide exposure reaches a certain point before they can be recycled, hypoxia (and later death) occurs. All these factors make smokers more at risk of developing various forms of arteriosclerosis. As the arteriosclerosis progresses, blood flows less easily through rigid and narrowed blood vessels, making the blood more likely to form a thrombosis (clot). Sudden blockage of a blood vessel may lead to an infarction (stroke).

Similarly, exposure to smoking from others (i.e. passive smoking) has also been recognized as an important health hazard (US Department of Public Health Services 1984, 1986). Almost similar association of tobacco smoking with respiratory health are reported from India (Jindal et al., 1994, Gupta et al., 2002, Kumar 2003, Jindal and Gupta 2004).

Use of tobacco in different forms like cigarette smoking, hukka, and snuff is prevalent in Kashmir. Tobacco use in the form of hukka also known as hubble bubble and snuff is quite prevalent in rural Kashmir (Mariya Qurieshi 2016).

Psychological, social and behavioural harms of tobacco consumption

Tobacco use among adolescents is influenced by multiple etiological factors, including individual, socio-cultural and environmental factors. Adolescent tobacco use is a complex behaviour; factors like, social bonding, social learning, lacking refusal skills, risk-taking attitudes and intentions have been highlighted as reasons for the onset of tobacco use in studies in different countries.

Addiction experts in psychiatry, chemistry, pharmacology, forensic science, epidemiology, and the police and legal services engaged in Delphic analysis regarding 20 popular recreational drugs. Tobacco was ranked 3rd in dependence, 14th in physical harm, and 12th in social harm (Nutt 2007).

The American Psychologist stated smokers often report that cigarettes help relieve feelings of stress. However, the stress levels of adult smokers are slightly higher than those of non-smokers, adolescent smokers report increasing levels of stress as they develop regular patterns of smoking, and smoking cessation leads to reduced stress. Far from acting as an aid for mood control, nicotine dependency seems to exacerbate stress. This is confirmed in the daily mood patterns described by smokers, with normal moods during smoking and worsening moods between cigarettes. Thus, the apparent relaxant effect of smoking only reflects the reversal of the tension and irritability that develop during nicotine depletion. Dependent smokers need nicotine to remain feeling normal (Parrott1999).

When smoking becomes a habit, the smoker falls in the grip of this habit and cannot get rid of it easily. It soon becomes an addiction which robs smokers of their will. Smokers are thus unable to stop it, even when they need to do so, either because its physical harm becomes excessive, or to set a good example for their children, or because they need the money wasted on tobacco for some beneficial purpose.

In actual tobacco enslaves smokers. Hence, a smoker sometimes gives priority to buying cigarettes rather than spending his little money on buying food and other essentials for his family. Should such a person be compelled to refrain from smoking for any reason, whether personal or enforced, his general condition suffers, and his judgement becomes easily impaired. He may become highly irritable. Such harm makes it necessary to issue a ruling concerning tobacco smoking.

Smokers report higher levels of everyday stress (Parrott 1998). Several studies have monitored feelings of stress over time and found reduced stress after quitting (Cohen and Lichtenstein 1990, Hughes 1992).

The deleterious mood effects of abstinence explain why smokers suffer more daily stress than non-smokers and become less stressed when they quit smoking. Deprivation reversal also explains much of the arousal data, with deprived smokers being less vigilant and less alert than non-deprived smokers or non-smokers (Parrott 1998).

Recent studies have shown a positive relationship between psychological distress and salivary cotinine levels in smoking and non-smoking adults, indicating that both first hand and second hand smoke exposure may lead to higher levels of mental stress (Hamer et al., 2010).

Recent studies have linked smoking to anxiety disorders, suggesting the correlation (and possibly mechanism) may be related to the broad class of anxiety disorders, and not limited to just depression. Current and on-going research attempt to explore the addiction-anxiety relationship. Data from multiple studies suggest that anxiety disorders and depression play a role in cigarette smoking (Anda et al., 1990).

Medical researchers have found that smoking is a predictor of divorce (Bachman 1997). Smokers have a 53% greater chance of divorce than non-smokers (Doherty and Doherty 1998).

Economic lose due to tobacco consumption

It is not permissible for man to spend his money on something that brings him no benefit either in this life or in the life to come. Man is placed as a trustee in charge of his wealth. Thus, both health and wealth are blessings Allâh (سبحانه وتعالى) has given us. It is not permissible for any person to impair his health or waste his wealth. The Prophet (ﷺ) has forbidden the wasting of money. A smoker pays his money to buy what causes him definite harm. That is certainly forbidden. Moreover, Allâh (سبحانه وتعالى) says: "Do not be wasteful, for He does not like those who are wasteful" (Al Qur'ân 7:31).

Mortality due to tobacco consumption

One study found that male and female smokers lose on average of 13.2 and 14.5 years of life, respectively (CDC 2002). Another found a loss of life of 6.8 years (Streppel 2007). Each cigarette that is smoked is estimated to shorten life by an average of 11 minutes (BBC 1999, Shaw M 2000, NYC 2005). At least half of all lifelong smokers die earlier as a result of smoking (Doll et al., 2004). Smokers are three times as likely to die before the age of 60 or 70 as non-smokers (Thun et al., 1995, Mamun et al., 2004).

Smoking causes about 10% of the global burden of fire deaths (Leistikow et al., 2000a), and smokers are placed at an increased risk of injury-related deaths in general, partly due to also experiencing an increased risk of dying in a motor vehicle crash (Leistikow et al., 2000b).

EVIDENCE FOR THE PROHIBITION OF SMOKING:

There are many reasons, any one of which sufficient to rule smoking prohibited. Most importantly, it is harmful in numerous ways. It is harmful to the Deen, health, environment, family, brotherhood and social relations, property, etc. The following sections will briefly outline some of its harms and evils.

Harm to the Religion (*Deen*):

Smoking spoils a person's acts of worship and reduces their rewards. For instance, it spoils the prayer, which is the pillar of Deen. Allâh's Messenger (ﷺ) said: 'Whoever eats garlic or onion, let him avoid us and our masjid, and stay in his home. The angels are surely hurt by things that hurt the human beings'.

Those with clean and undefiled fitrah (nature) have no doubt that the smell emanating from the mouth of a smoker is worse and more foul than that from the mouth of one who ate garlic or onion. Thus, a smoker is in between two options, either to harm the praying people and the angels with his foul smell, or miss the prayer.

Smoking also spoils fasting. Fasting is very hard for the smoker. As soon as the day is over, he hastens to break his fast on an evil cigarette instead of sweet dates or pure water. Even if he fasts through the month of Ramadan, a smoker is reluctant to fast on other days. Thus, he loses the great reward of those who fast even one day in Allâh's way.

Harm to the Human Body:

As already discussed in detail, no one can deny the harm of smoking to the human body. The medical evidence for this is well established and overwhelming.

Smoking contains poisonous materials, such as nicotine, tar, carbon monoxide, arsenic, benzopyrene, etc., that the smoker swallows in small proportions. Their harm accumulates with time to result in a gradual killing of the human organs and tissues.

The hazards of smoking to the health are hard to enumerate. Cancer, tuberculosis, heart attacks, asthma, coughing, premature birth, infertility, infections in the digestive system, high blood pressure, nervousness, mouth and teeth diseases, etc., are among the many health hazards that have been strongly linked to smoking.

These diseases may not appear all at once, however a smoker is most likely to suffer from some of them, and his suffering increases as he grows older. This is sufficient to prohibit smoking. Islam prohibits any action that causes harm to oneself or to other people. Allâh (سبحانه وتعالى) says: "Do not kill yourselves, Allâh is indeed merciful to you" (Al Qur'ân 4:29).

"Do not cast yourselves, with your own hands, into destruction" (Al Qur'ân 2:195).

And the Messenger (ﷺ) says: 'No harm may be inflicted on oneself or others' (Recorded by Ahmad and Ibn Maajah from Ibn `Abbaas and `Ubaadah; authenticated by al-Albaani (رحيم الله) and others).

The feet of a human being will not depart, on the day of Judgement, from his standing before his Lord, until he is questioned about five things: his lifetime - how did he pass it, his youth - how did he used it, his wealth - where did he earn it and how did he spend it, and how did he follow what he knew (Recorded by at-Tirmithi and others from Ibn Mas`ud (رضي الله عنه) and Abu Barzah (رضي الله عنه), authenticated by al-Albaani (رحيم الله)).

'Whoever consumes poison, killing himself with it, then he will be consuming his poison in the hellfire, and he will abide in it permanently and eternally' (Al-Bukhaari and Muslim from Jaabir (رضي الله عنه)).

Harm to the mind and will power:
Smoking is harmful to the human mind and reasoning. An obvious demonstration of this is that one who is addicted to it passes through periods of severe craving, making it hard for him to think, concentrate, solve a problem, or do any important matter, until he smokes.

When one smokes, his muscles slacken, and he passes through a brief period of delirium that curtains the thought. His digestive system is also affected, causing him frequent nervousness and trembling of the hands. He passes through periods of excitability, initiation, and insomnia.

Thus, instead of being Allâh's slave, a smoker becomes slave to his cigarette and tobacco. He develops a weaker control of his sense and reason. The faculty of reason, clear and unobstructed, is one of Allâh's great bounties on people. He (سبحانه وتعالى) praised it in numerous places of the Qur'an; and He called on people to use it to see the truth and obey Him in a better way. Allâh (سبحانه وتعالى) wants of the believer to be strong and capable of controlling the reigns of his desires. He (سبحانه وتعالى) said: "Allâh wants to let you into His mercy, whereas those who follow the desires want you to drift far away (from the right path)" (Al Qur'ân 4:27).

Harm to the environment:
A smoker emits his poisons in the faces of his companions, wife, children, and the environment. It is well established that second-hand smoke is almost as dangerous as first-hand. Thus, whether they like it or not, a smoker's associates are forced to inhale the smoke and be themselves smokers as well.

In addition to the poisons normally carried in the smoke, if a smoker has a contagious disease, such as tuberculosis or influenza, his exhaled smoke and coughing carry the disease to those around him.

Furthermore, a smoker irritates people by the foul smell and poisonous nature of his smoking. If they suffer from asthma or allergies, they are forced to move away from his vicinity. The Prophet (ﷺ) said: 'Anyone who believes in Allâh and the Last Day should not hurt his neighbour' (Al-Bukhaari).

Thus, smoking constitutes a definite harm to other people; this is prohibited, as was indicated in the hadith cited earlier.

Also, a smoker is certainly a bad companion to sit with, as is depicted in the following hadith: 'Verily, the example of a good companion and a bad one is like that of a perfume merchant and a blacksmith: As for the perfume merchant, he would either grant you (some perfume), or you would buy (some perfume) from him, or (in the least) you would get a good smell from him. And as for the blower of the bellows (ironsmith), you would either get a foul odour from him, or he would burn your clothes' (Al-Bukhaari and Muslim).

Harm to the Property:
A smoker wastes his wealth on that which harms and has no benefit; he will be asked about his wealth and how he spent it, as has been cited in the hadith earlier. His wealth belongs to Allâh (سبحانه وتعالى), so how would he dare to waste it in disobedience to Him? Allâh (سبحانه وتعالى) says: "And do not entrust to the imprudent ones the possessions that Allâh has placed in your charge.." (Al Qur'ân 4:5).

"And do not waste (your resources) extravagantly. Indeed the squanderers are the brethren of the devils" (Al Qur'ân 17:26-27).

And the Prophet (ﷺ) said: 'Allâh hates for you three things: gossiping, begging, and wasting money' (Al-Bukhaari and Muslim).

Furthermore, there are numerous cases of burnt carpets, furniture, and even complete houses and establishments that have resulted from this disastrous vice.

Moral decadence:
Smoking is a form of moral decadence. It is most spread among the low-class immoral people. It reflects blind imitation of the non-Muslims. It is mostly consumed in bars, discos, casinos, and other: places of sin. A smoker may beg or steal if he does not have the money to buy cigarettes. He is ill-mannered with his friends and family, especially when he misses taking his necessary 'dose' at the usual time.

Evil substance:
Smoking involves the consumption of an evil substance (*khabeeth*). It has a foul smell, foul taste, and is harmful to the body. This is sufficient to prohibit it, because Allâh (سبحانه وتعالى) says: "(The Prophet) who will enjoin upon them the doing of what is right, forbid them the doing of what is wrong, make lawful to them the good things of life, prohibit for them the evil things, and lift from them their burdens and the shackles that were (previously) upon them" (Al Qur'ân 7:157).

A smoker inhales the smoke that does not give him any nourishment. This is similar to the action of the people of the Hell fire who eat harmful thorny plants: "No food will be there for them but a poisonous thorny plant, which will neither nourish them nor still their hunger" (Al Qur'ân 88:6-7).

Bad example:
A smoker, whether he likes it or not, makes of himself an example for his children and others to follow. He leads them to commit this evil. Actions sometimes have a stronger effect than words. Thus, even if he advises them or forbids them from smoking, his partaking of it provides them with a strong excuse to do it.

The problem is worse when the smoker is of known piety or knowledge. In such case, his harm becomes more emphasized, because more people take him as guide and example, and are thus lead astray by him. This multiplies his sins and increases his burden.

Hostility toward the good people:
The majority of good people avoid smoking and stay away from smokers. Therefore, a smoker would be forced to stay away from them- at least while he smokes. He puts himself in a selective exile, creating a spiritual distance and hostility between him and the good people, and a closeness to the evil people. The effects of this become more apparent and acute with time. Note that this applies equally to any sin that a person commits, small or large.

Low self esteem:
A smoker despises himself, because he feels that a little cigarette is controlling him. Realizing his weakness before desires, this creates in him a feeling of defeat in the face of hardships.

Scholars' verdict (Islamic ruling on tobacco consumption):
More than 400 Islamic Scholars all over the world who have the capability of Ijtihad (deriving verdicts in new situations); agreed that tobacco consumption in all its different forms is totally unlawful and prohibited (*Harām*) in Islam. Thus, there is no value for baseless opinions, conflicting with this, provided by self-proclaimed lesser scholars. Following is the summary of each *fatwa*, or religious opinion, given by highly esteemed religious scholars in respect of the Islamic ruling on smoking.

Excerpts from the Opinions of Muslim Scholars
Smoking is *Harām*, because it is evil and because it causes a great deal of *Harām*. Allâh (سبحانه وتعالى) has permitted to His slaves only good kinds of food and drink, and He has forbidden the bad kinds. Allâh (سبحانه وتعالى) says: "He allows them as lawful At Tayyibaat (i.e. all good and lawful as regards things, deeds, beliefs, persons and foods), and prohibits them as unlawful Al Khabaa'ith (i.e. all evil and unlawful as regards things, deeds, beliefs, persons and foods)" (Al Qur'ân 7:157)

All forms of smoking are kinds of khabaa'ith (evil and unlawful things), and they include harmful and intoxicating substances. It is *Harām* to deal with it in any way, whether one inhales it, chews it or deals with it in any of its other forms. It is obligatory upon every Muslim to give up these things and to hasten to repent to Allâh (سبحانه وتعالى), and to regret having committed this sin, and to resolve never to go back to it.
Fataawa Islamiyyah, 3:442

I was asked about the ruling concerning tobacco, in which many ignorant and foolish people are enamoured, in spite of the fact that every person knows that we have stated its prohibition. We, our scholars and teachers, their teachers, and all the truth-seeking scholars from the leaders of the Da'wah of the Najd (the central part of what is known today as Saudi Arabia) and the rest of the Muslim world, from the time of its onset around 1010 AH until this day, have stated its prohibition, all basing their evidence from the principles of the religion and observation.
Sheikh Muhammad bin Ibraaheem Aal-ish-Sheikh, Saudi Arabia

Smoking cigarettes, its trades and collaboration in it in any means is strictly prohibited. It is not permissible for a Muslim to endeavour in it, whether by smoking it or in its commerce, and it is obligatory upon the person who does to turn to Allâh (سبحانه وتعالى) in sincere repentance, as it is obligatory to repent from all other sins. This is due to the fact that it is inclusive of the general texts that prohibit it, through its general diction and meaning.
Sheikh Abdur-Rahmaan bin Naasir as-Sa'di, Saudi Arabia

In view of the harm caused by tobacco, growing, trading in and smoking of tobacco are judged to be *Harām*. The Prophet (ﷺ) is reported to have said, 'Do not harm yourselves or others'. Furthermore, tobacco is unwholesome and Allâh (سبحانه وتعالى) says in the Qur'ân that the Prophet (ﷺ) enjoins upon them that

which is good and pure and forbids them that which is unwholesome.

The evidences of the religion establish that the smoking of cigarettes is prohibited, and that is due to both its khubth and the great harm it possesses, for Allâh (سبحانه وتعالى) has not sanctioned anything from food and drink except which is good and beneficial.

Permanent Committee of Academic Research and Fatwa, Saudi Arabia
Sheikh Abdul-Azeez bin Abdullah bin Baaz, The president of the Council of Leading Scholars
Abdul-Razzaq Afifi, Vice-President
Abdullah bin Ghadian, Member
Abdullah bin Qa'oud, Member

It has become abundantly clear that, sooner or later, smoking, in whichever form and by whichever means, causes extensive health and financial damage to smokers. It is also the cause of a variety of diseases. Consequently, and on this evidence alone, smoking would be forbidden and should in no way be practiced by Muslims. Furthermore, the obligation to preserve one's health and wealth, as well as that of society as a whole, and medical evidence now available on the dangers of smoking, further support this view.

Sheikh Gadul Haq Ali Gadul Haq
Grand Imam of Al-Azhar

Having read the several medical reports on the effects of smoking and the risks it poses to health and to society, I would say that it is absolutely forbidden *(Harām)*. Smokers should stop smoking and non-smokers should never take up the habit.

Dr Abdul Galil Shalabi
Member, Islamic Research Academy

The Islamic ruling which one feels most happy about and which would leave our consciences clear is that smoking is *Harām*. It is not wholesome due to its foul taste, bad smell and the serious health risks it causes.

Dr Hamid Jamie,
Former Secretary of Al-Azhar University
Consultant, Islamic Fiqh Encyclopedia, Kuwait

Now that medical experts and specialists have settled this issue, the general ruling on smoking would range from *Harām* to censurable, bordering on *Harām*. The same ruling would apply to trading in tobacco and tobacco products. Those who wish to trade in tobacco products ought to be aware of the consequences of their action.

Professor Zakaria al-Birry
Chairman, Islamic Sharia Department
Faculty of Law, Cairo University
Member, Islamic Research Academy
Member, Al-Azhar Fatwa Committee

Whether smoking is ruled to be *Harām* or censurable, fighting it is certainly supported and approved in Islamic law, because, as a general rule, Muslims are urged to preserve and safeguard all aspects of their physical, mental, spiritual and economic health and well-being.

Sheikh Attia Saqr
Member, Al-Azhar Fatwa Committee
Member, Islamic Research Academy

Sooner or later, all forms of smoking are bound to cause illness and disease. Most serious of these are heart diseases and cancer of the respiratory system and the urinary tracts. Smoking also involves wasting money. Accordingly, smoking, from the Islamic point of view, is *Harām*, and people should, by virtue of their religious obligations as well as common sense, refrain from it.

Sheikh Mustafa Muhammad al-Hadidi al-Tayr
Member, Islamic Research Academy

Since reliable religious and medical authorities have unanimously judged smoking and drug taking harmful and wasteful to the human body, mind and soul, and that they are an abuse of one's health and wealth, the Islamic ruling could only be that they are *Harām.* All those who import, trade in or use these substances, whether in small or large quantities, should be liable to the appropriate religious and legal penalties.

Sheikh Abdullah al-Mishad
Member, Islamic Research Academy
Chairman, Al-Azhar Fatwa Committee

Since the damage caused by smoking to human life is so evident, there is no doubt that it is *Harām.*

Dr Ahmad Omar Hashim
Chairman, Hadith Studies Department
Faculty of Theology, Al-Azhar University

Based on available evidence, we can categorically say that smoking is *Harām,* and that it is the duty of all Muslims to fight this harmful and deadly habit.

Dr Al-Husayni Hashim (deceased)
Deputy Rector, Al-Azhar University

CONCLUSION:

The availability, affordability and social acceptability of any drug are key determinants of the level of use of that drug in society. When cigarettes are inexpensive, easily available and their use encouraged by society, then consumption will be high.

The single best opportunity for preventing non-communicable disease in the world today is to prevent tobacco use in young people and the consumption of tobacco, among students should be considered as a matter of great concern which requires holistic understanding.

Smoking continues to remain a major cause of morbidity and mortality from respiratory disorders, as well as several other diseases including cancers. There is a strong need to augment efforts to control the tobacco epidemic. Both tobacco control and tobacco cessation activities continue to remain important public and personal health issues.

Our findings show that unless Muslims believe in Islam in letter and spirit tobacco consumption cannot be eradicated from Muslim population. Until then use of tobacco consumption cannot be minimised or controlled, and tobacco control targets cannot be achieved. Our findings show that non practicing Muslims having shallow knowledge of Islam are more at risk of tobacco consumption than practicing Muslims having deep and real knowledge of Islam.

It is clear that the use of tobacco in no matter which form or by which means, causes a great deal of damage sooner or later, to both health and wealth. Therefore, the tobacco use is unlawful (prohibited) or *Harām* in Islam. All smoking Muslims should give up this unhealthy and un-Islamic activity, and should stop all tobacco use completely. Religious ruling alone may not have much effect on tobacco use considering its addictive nature. However, religious ruling could help to ensure success of the strategy against tobacco use if incorporated into it. For the Muslims who sincerely practice Islam and who submit themselves to the Will of Allâh (سبحانه وتعالى), this should not be a difficult task.

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